

MICHIGAN MOTOR VEHICLE NO-FAULT INSURANCE LAW

ATTENDING PHYSICIAN'S REPORT

Date	Our Policyholder	Accident Date	File Number
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To assist us in determining benefits due under the Michigan motor vehicle no-fault law, the attending physician must complete this report. You are required to provide this information in accordance with the Michigan motor vehicle no-fault insurance law, P.A. 294 of the Public Acts of 1972.

Patient's Name and Address

Age	Occupation/Job Description
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History of Occurrence and Injury as Described by Patient

Diagnosis and Concurrent Conditions*

When did symptoms first appear? Date:	When did patient first consult you for this condition? Date:
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Have you treated patient before this date? If yes, when?

Has patient ever had same or similar condition? If yes, state when and describe*

☐ Yes ☐ No ☐ Undetermined

Is patient able to perform routine household chores? If no, please explain and indicate projected duration of inability.

☐ Yes ☐ No

Will patient require attendant care? If yes, please explain and indicate projected duration.

☐ Yes ☐ No ☐ Undetermined

Patient was unable to work

From: Through:

If still disabled, patient should be able to return to work on

Date:

*Use a separate sheet if necessary

(see reverse side)

If patient was hospitalized, name of hospital

Period of Hospitalization
From: To:

Is patient still under your care for this condition? If yes, indicate projected duration and frequency of treatment: ☐ Yes ☐ No

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REPORT OF SERVICES

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Attach itemized bill(s) for this accident only, and include amounts paid or payable by other sources. Attach verification of payment or rejection.

IRS/TIN Identification Number

Physician's Name (Please Print)

Address

Physician's Signature

City, State, Zip Code

Date:

Telephone Number